

## Site Selection VALUE-Dx



- 1 Does currently not use equivalent rapid testing routinely in patients with CA-ARTI.
- 2 At least 25% of CA-ARTI patients seen at ER are not hospitalized.
- 3 At least 50 patients with CA-ARTI are seen per month at ER during influenza season.
- 4 Microbiology lab is capable of performing preferred rapid syndromic testing.



## ADEQUATE

**A**dvanced **D**iagnostics for **E**nhanced **Q**uality of  
**A**ntibiotic prescription in respiratory **T**ract infections  
in **E**mergency rooms

## Objective

To assess the impact of rapid diagnostic testing of patients with Community Acquired Acute Respiratory Tract Infection (CA-ARTI) at the emergency department, on  
(1) hospital admission rates and  
(2) antimicrobial prescriptions (days of treatment) and  
(3) the non-inferiority in terms of clinical outcome.

## Summary

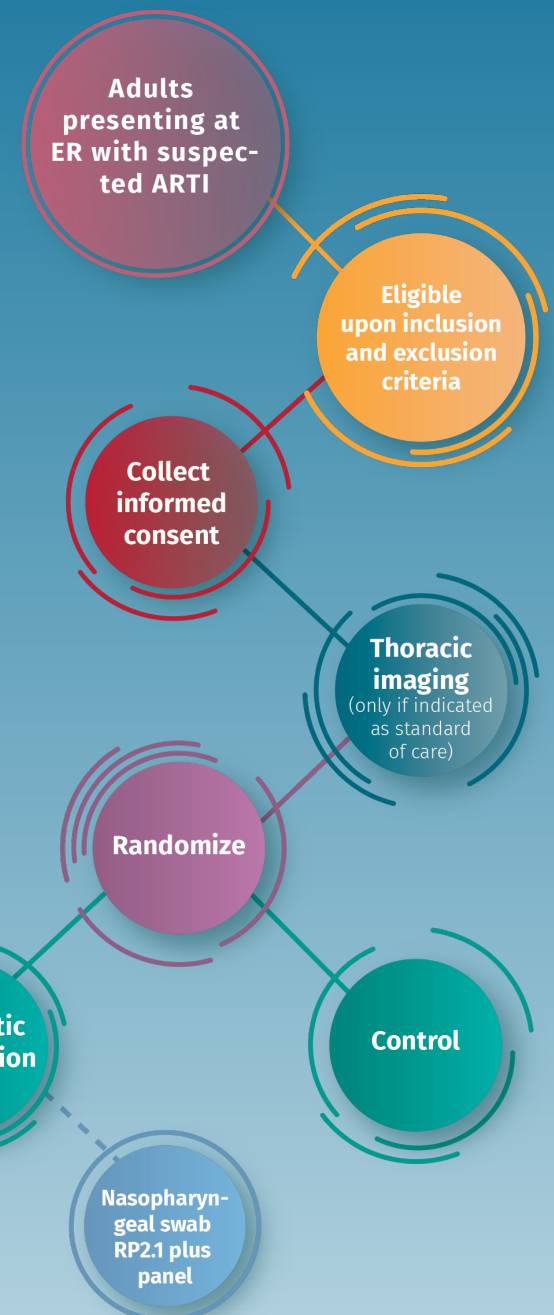
Check <https://value-dx.eu/index.php/work-package-4/> for context and design of VALUE-Dx Clinical Trials

## Study design

Individually randomized controlled trial

## Study Intervention

The diagnostic intervention is rapid syndromic testing with  
BIOFIRE® FilmArray Pneumonia Panel *plus* (PP): Sputum (and/or ETA or BAL sample)  
BIOFIRE® FilmArray Respiratory Panel 2.1 *plus* (RP2.1*plus*): Nasopharyngeal swab



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